

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 05 / 14 / 2015	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2014	
Mailing Address 385 AVERY LN		Amount 15000.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.20012
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Name of Federal Candidate DAVID ALAN BRAT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		15000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	15000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Signature